

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 24, 2009  
Secretary of State**

DOCUMENT# L08000023022

Entity Name: AM PHARMA, LLC

**Current Principal Place of Business:**

1933 N PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

1933 N PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHANNA, SAHIL  
1933 N PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

MUSCA, DANIEL  
12004 RACE TRACK ROAD  
TAMPA, FL 33626 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL MUSCA 08/24/2009  
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KHANNA, SAHIL  
Address: 1933 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34698 US

Title: MGR ( ) Delete  
Name: GUPTA, VIKRAM  
Address: 1933 N PINELLAS AVE N  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR ( ) Delete  
Name: GUPTA, NEELAM  
Address: 1933 N PINELLAS AVE N  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AARTI, MEHTA  
Address: 1933 N PINELLAS AVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AARTI MEHTA MGR 08/24/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date